Neo-natal mortality rate

2481. SHRI EKANATH K. THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to the report brought out by HAQ Centre for Child Right, 87 of every 100 children born have the probability of dying between birth and exactly five years of age;

(b) whether it is a fact that India's neo-natal morality rate has remained static since 1990; and

(c) if so, the steps Government propose to take to improve the neo-natal mortality rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per the report of HAO: Centre for Child Right, non profit society, 87 of every 100 children born have the probability of dying between birth and exactly five years of age.

(b) As per the Sample Registration system of the Registrar General of India, the neo-natal mortality rate for the country has declined from 51 per thousand live births in the year to 40 per thousand live births.

(c) The Government has launched a new initiative, the integrated Management of Neo-natal and Childhood Illnesses (IMNCI) in the country as part of the second phase of the Reproductive and Child Health Programme. IMNCI places specific attention to the management of newborn children in the community and promotes health care of newborns and children.

In addition the ongoing programmes for maternal and child health care are being implemented. These are:

1. Universal Immunization Programme (UIP). where immunization of children is carried out against six vaccine preventable diseases.
2. Control of death due to acute respiratory infections (ARI).
3. Control of diarrhoeal diseases.

4. Provision of essential new-born care to address the issue of the neonates (infants for the first 28 days of life). Training of district hospital health personel has been carried out in 140 districts by the Government of India with the assistance of the National Neonatology Forum.

5. Prevention and treatment of micronutrient deficiencies, namely Vitamin A and iron. The activities undertaken are health and nutrition education, Vitamin A and iron supplementation, early detection and prompt treatment A and iron deficiency and treatment of infections.

6. Exclusive breastfeeding for the first six months and the introduction of complementary feeding thereafter are promoted as breastfeeding has been found to be one of the most beneficial interventions for children.

7. Given the high prevalence rates of malnutrition in children emphasis is also being accorded to it's detection and management by all categories of health care workers.

Respiratory disease in flour mill workers

2482. SHRI B.J. PANDA:
MS. PRAMILA BOHIDAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that as per a study conducted by Socio-Economic Benevolent Action (SEBA) an organization in Orissa State, the flour mill workers have been found susceptible to respiratory and other diseases;

(b) if so, the details thereof;

(c) whether it is also a fact that such types of diseases are very much prevalent in the coastal regions of Orissa; and

(d) what is the action plan of Government to help the State Government, both financially and physically, to control these diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Information is being collected and will be laid on the Table of the House.